

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

ISMAIL DICKERSON

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

The State of South Carolina, County of
Charleston, Sheriff Al Cannon, for the
Actions of The Al Cannon Detention Center
and officers

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**Complaint for Violation of Civil
Rights**

(Prisoner Complaint) Abuse/Mistreatment/false
imprisonment within the Detention Center, which caused
further injury, Pain and Suffering, torture
Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ISMAIL Dickerson

All other names by which you have been known:

ID Number

HCO7061719397

Current Institution

Horry County Detention Center, J. Reuben Long

Address

4150 J. Reuben Long Ave, Conway, S.C.
29526**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

The State of South CarolinaJob or Title
(if known)Attorney General Allen Wilson

Shield Number

Employer

Address

The State of South Carolina
P.O. Box 11549 Columbia S.C. 29201☐ Individual capacity☒ Official capacity

Defendant No. 2

Name

County of Charleston / North Charleston
Mayor Keith Summey, 2500 City Hall Lane
North Charleston, S.C. 29406

Job or Title
(if known)

Mayor John Tecklenburg

Shield Number

Employer

Address

County of Charleston/North Charleston
P.O. Box 652, Charleston, S.C. 29402

☐ Individual capacity

☒ Official capacity

Defendant No. 3

Name

Sheriff Al Cannon

Job or Title
(if known)

Lead Sheriff owner of the Sheriff department
and Detention Center funded by the State

Shield Number

Employer

Chief and Lead Sheriff

Address

3691 Leeds Ave, N. Charleston, S.C.
29405

☒ Individual capacity

☒ Official capacity

Defendant No. 4

Name

Al Cannon Detention Center

Job or Title
(if known)

Shield Number

Employer

Address

3841 Leeds Ave, N. Charleston, S.C.
29405

☐ Individual capacity

☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Abuse/Mistreatment/false imprisonment within the Detention Center, which caused further damage and injury mental and physically, Pain, form of torture and suffering.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The State of South Carolina, Court, and Sheriff Al Cannon, are responsible for the actions of their facilities and officers, who went against policy, made their own rules to Abuse/Mistreat/cause further injury/tortured and false imprison me within their Detention Center.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Within the Al Cannon Detention Center during 2008-2009,
2009-2012

- C. What date and approximate time did the events giving rise to your claim(s) occur?

During 2008-2009, and 2009-2012

- D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was charged with Assault on Detention officer 2008, was punished
twice, prosecuted and forced into Lock up Maximum Security until my
release. The something occurred 2009-2012, after being released from
the hospital from surgery, couldn't walk, they kept me in a wheelchair
they refuse to continue physical therapy, denied me to go the Medical Unit

in the jail, they Allowed all officers who had charges against me to work in the Lock up and P.C. Units I was placed in, the officers harass, teased me, played over my food, sometimes didn't feed me, I was given 1 hour recreation a week because they would let out the whole unit one by one before me, they kept my room light on for 23 hours a day which is a form of torture they did not let me see, speak, or pray with anybody of my Islamic Religion. Officers did this, making their own rule that was

V. Injuries Not in their jail policy or Rule Books.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My eyes are damaged from them keeping on the cell light, now I have to use reading glasses, I can't work, had to file a disability claim, from being denied my continued physical therapy or to help myself and from being stuck in a cell room for over 3 years my left leg is still damaged in serious pain and I have a serious pinch nerve down my spine from being confined to a wheelchair and cell room bed. The 2009-2012 charges for Assaulting Detention Officers was Dismissed.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I request \$300,000, three hundred thousand dollars, for false imprisonment. I request \$10,000,000, ten million dollars, for Abuse/Mistreatment/Torture/Further injury/Pain and Suffering, I request the Defendants pay the taxes for such relief and all Detention officers involved in the Assault charges and named in my jail Grievances be fired and barred from any kind of law enforcement.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

IV.

PART 2 of STATEMENT of CLAIM/second part of part (D.)

At CANNON Detention Center Officers, wrongly with hatred and prejudice and supreme MALICE, forced me in Maximum Security Lock-up for an Alledged incident that was claimed to occurred in a hospital (MILIS.C.), outside of the Detention Center. In fact At that time I was falsely arrested and brought to the hospital by Officers of City of Charleston Police Department, I was in their custody, detention center officers should have never been in or at the hospital because at that time I was never fully arrested, process, or, booked by City Police, AND never booked at the detention center as a detainee, so I was never in the jail custody when the Alledged ASSAULT happened. Once I came to the detention center in a wheelchair, brace on my leg, couldn't walk, and the hospital gave me a walker for therapy. The jail directly placed me in Maximum Security Lock-up and they took my walker which cause the hospital to stop my therapy because the jail was preventing my rehabilitation by not allowing me to use the walker and prevent my recreation and keeping me in a cell room with no space to move. I was forced into lock-up for a year till once I started writing public defenders office and other real private Attorneys and lawfirms because the jail wouldn't help me, denying my grievance and request including the Sheriff office and jail Internal Affairs,

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of Statement of Claim/ third part of part (D)

I wrote Sheriff AL CANNON personally numerous times, NO response, Once these attorneys began calling and pressuring the jail because their actions and mistreatment of me, was really intentional, against the law, unjust and against the jail rules, policy, and rule books, no such treatment or rule is not even in the jail detainee/inmate handbook. The detention center finally moved me from lock-up to the upstairs medical unit, this unit has T.V. more room and recreation time, but also has 2 lock-up, lock down cell rooms in the back behind a wall, used for detainee's for small disciplinary periods cause it's stated that medical inmates are not suppose to be in or go to MAX-LOCK-up at all, nor, for a long period of time. But I was placed in a regular cell with other inmates, then soon as shift changed a white female officer came saying I'm not suppose to be in a medical unit, I need to be in lock-up, she then placed me in lock-up room behind the wall in that unit for about 6 months. Then the jail had built another unit for Maximum Security and Protective Custody where only detainee's have to request to be moved to that unit, which was not my case, I was forced there for another whole year. Grievance, Request, Appeals denied I received new private practise Law firm Attorneys, who made the proper calls and argument, then I was finally moved back to the Medical Unit, then left alone until a officer stole my canteen the jail reimbursed it.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes
☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

AL CANNON Detention Center

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes
☐ No
☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes
☐ No
☐ Do not know

If yes, which claim(s)?

All of my claims

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

Al Cannon Detention Center, their Internal Affairs, And Al Cannon Sheriff Departments Internal Affairs and wrote And sent Grievances directly to Sheriff Al Cannon

2. What did you claim in your grievance?

everything stated in this complaint, Abuse, Mistreatment, false imprisonment within the Detention Center, torture, further injury, pain And suffering.

3. What was the result, if any?

I still did not received any help

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I appealed, wrote, sent, filed more Grievances process was complete

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- _____
- _____

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-16-17, 2017

Signature of Plaintiff

Ismail Dickerson

Printed Name of Plaintiff

ISMAIL DICKERSON

Prison Identification #

HC07061719397

Prison Address

Horry County Detention Center 4150 J. Reuben Long Ave
CONWAY SC 29526

City

State

Zip Code

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address
